FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319

Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees PAIGN DISCLOSURE BE

for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective Mey 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically.

Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) FORM for CheroKES Co. Su Mongan DR-2 DISCLOSURE IMPORTANT: Indicate by type of committee you are reporting for: 4 | 1 | Statewide/Legisletive/Judge Standing for Retention Candidate (2) State PAC (3) State Party (Rev. 12/2009) REPORT (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (8) City PAC (10) School Board or Other Political Subdivision PAC ( For Office Use Comm. # CANDIDATE COMMITTEES ONLY: Logged In Political Party (if applicable) Candidate Name Scanned D. Mongan Kick publican Computer Audited District (If Senate or House) Office Sought super Visor Late reports are subject to possible dvil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chalrperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. 712-225-6236 TELEPHONE DATE SIGNED SIGNATURE OF PERSON FILING REPORT REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. I AM FILING A Indicate by # (report date) □CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election -06-12 Cneck if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in which Election is held

Herofee (You must continue to file reports until a DR-3 is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ,.....\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 050.00 Schedule F: Loans Received total (Attach Schedule F) ...... Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL .....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)..... Schedule F; Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero) ......\$ \*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ......\$ YES \_ CONSULTANT BREAKDOWN (Schedule G Attached?) CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF JD NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTE	E NAME (Must be s	same as on Statement of Organization)		
RICKD	MONGAN	for CheroKEE Co. Supe	er visor.	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6-8-12	CK# 00	Pilot Rock Signs P.O. BOX 946 Cherokee, IA 51012	magnetic car Signs	\$ 80,25
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$ 80.25
			TOTAL (if last page of this schedule)	\$

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A 402(3)(0.)

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Page	-	of	

INSTRUCTIONS, SEE	BACK OF FORM	RESET	SCHEDULE
	pe same as on Statement of Organization)	REGET	F LOANS
	IN For Charokes Co. Sup	ervisor	& REPAI
	ts money loaned to the committee which is deposit		AMENDING FORM
	ROM LAST REPORTING PERIOD \$		
I MONEYARY LOA	ANS RECEIVED THIS REPORTING PERIOD of loan, such as a bank, must be shown if a third pa		andidate's personal funds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP T CANDIDATE (If Applic	
Secretary in the second			\$
05/09/2012 B	LICK MONGAN 5.	1012 Self	50.00
06/08/2012	RICK MONGAN  5.065 HWY3 Cherokee, I  RICK MONGAN  5.065 HWY3 Cheroke  5.500	EE,IA Self	2,000.00
		TOTAL (DAGE!)	· A 0.50.01
IRT II - MONETARY L (Loens forgiver	OAN REPAYMENTS MADE <u>THIS</u> REPORTING In must be reported on Schedule E — In-kind Contri	TOTAL (PART I) PERIOD butions.)	s <u>B,050.00</u>
(Loens forgiven	n must be reported on Schedule E - In-kind Control  NAME AND ADDRESS OF LENDER	PERIOD	TO AMOUNT REPAID
(Loans forgiver	n must be reported on Schedule E – In-kind Contri	PERIOD buttons.)	TO AMOUNT REPAID
(Loans forgiver	n must be reported on Schedule E - In-kind Control  NAME AND ADDRESS OF LENDER	PERIOD buttons.)	TO AMOUNT REPAID icable)
(Loans forgiver	n must be reported on Schedule E - In-kind Control  NAME AND ADDRESS OF LENDER	PERIOD buttons.)	TO AMOUNT REPAID icable)
(Loans forgiver	n must be reported on Schedule E - In-kind Control  NAME AND ADDRESS OF LENDER	PERIOD buttons.)	TO AMOUNT REPAID icable)

TOTAL CASH REPAYMENTS (PART II)

From Schedule E -- TOTAL LOANS FORGIVEN

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by mantage). If sumame of contributor is the same as candidate, but there is no familial relationship, anter "not applicable" in the relationship column when it applies.

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